

# Clinical Practice Enrichment Series Registration Form

*Please Print*

Date \_\_\_\_\_

Dr./Mr./Ms. \_\_\_\_\_  
(Please circle) Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

\_\_\_\_\_ Previously attended CPES offerings:  Yes  
E-mail \_\_\_\_\_  No

Handicapped Provisions Required (describe) \_\_\_\_\_

Do you want to receive future Clinical Practice Enrichment Series e-mails/mailings ?

Yes

No

## REGISTRATION INFORMATION

Registration Fees	Early*	Regular
Positivity in Psychotherapy	\$85	\$95
Suicidal Patients	\$85	\$95
Both Workshops	\$170	\$190

**\* Postmarked or registered online by April 3, 2019 at 11:59 p.m.**

Online Registration: Visit: <https://cpesspringworkshops2019.eventbrite.com>

Credit Card Payment: Visit: <https://cpesspringworkshops2019.eventbrite.com>

On Site Registration: Cash, Exact Change, Check. No Credit Cards Accepted On Site.

**MAIL-IN REGISTRATION DEADLINE: Postmarked by April 26, 2019**

*Late registrations will be accepted space permitting. Requests for registration fee refunds must be received in writing and emailed or postmarked no later than midnight on the Friday before the workshop. No refunds will be given after that date. A \$10.00 per workshop processing fee will be deducted from any refund.*

**I am registering for the following workshop(s):**

<b>Workshop(s):</b>	<b># of People</b>	<b>Price/Person</b>	<b>Total</b>
Can Positivity in Psychotherapy be Psychodynamic? Friday, May 3, 2019 9 a.m. - 12 p.m.			
Treating Chronically Suicidal Patients: Theory, Practice and Therapist Self-Care* Friday, May 3, 2019 1:30 p.m. – 4:30 p.m.			
Both Workshops Friday, May 3, 2019			
Total Enclosed			

**\*This program meets the Pennsylvania State Board of Psychology requirements for 1 hour continuing education credit in the assessment, treatment, and management of suicide risks as well as 2 additional hours of general CE credits.**

**If this is a group registration, please list below the names, e-mails, and addresses of all group members. Group registrations must be pre-approved by CPES. Please contact Dr. Wright at [clinicalenrichment@gmail.com](mailto:clinicalenrichment@gmail.com) for more information.”**

<b>Name</b>	<b>E-Mail</b>	<b>Street Address</b>	<b>City/State/Zip</b>

Please return this form with registration fee payable to:

Ellen L. Wright, Ph.D.  
2120 Spruce Street, Suite 1  
Philadelphia, PA 19103-2555